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2111 Ne 25<sup>th</sup> Avenue, MS: JF3-147 Hillsboro, Oregon 97124

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**Art Unit:** 

Examiner: Tran, Khai

(571)-273-8300

2637

USPTO

From:

O

M/S:

Michael A. Proksch

503-264-1729

JF3-147

Intel Corporation

Subject: Application No.: 10/691,432

Docket #: P8297R

Filed: October 23, 2003

Inventor: Dotan Sokolov

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Date: March 16, 2006

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Included in this transmission:
Fax Cover Sheet (1 page)
Transmittal Form (1 page)
Fee Transmittal (1 page submitted in duplicate)
Petition for Three-Month Extension of Time (1 page)
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PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/691.432 RECEIVED Filing Date TRANSMITTAL 10/23/2003 CENTRAL PAX CENTER First Named Inventor FORM Dotan Sokolov Art Unit 2637 5 2008 Examiner Name Tran, Khai (to be used for all correspondence after initial filing) Attorney Docket Number P8297R Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **|** Fee Transmittal Form Drawing(s) Appeal Communication to Soard Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC 1 Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Intel Corporation Signature /s/Michael A. Proksch/Reg. No. 43,021/ Printed name Michael A. Proksch Date Reg. No. March 16, 2006 43,021 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Under the Pagerwork Reduction Act of 1995, no persons are required to respond to a collection of information upless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/691,432 TRANSMITT Filing Date 10/23/2003 For FY 2005 First Named Inventor Dotan Sokolov Examiner Name Tran, Khai Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2637 TOTAL AMOUNT OF PAYMENT 1020.00 Attorney Docket No. P8297R METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Pald (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 1.60 150 ደብ Reissue 300 150 500 250 600 300 **Provisional** 200 100 O 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims Fee Pald (\$) Total Claims Extra Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Pald (\$) Indep. Cialms Fee (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 Fee (\$) Fee Paid (\$) Total Sheets (round up to a whole number) x -100 =150 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Three-Month Extension of Time 1020.00

SUBMITTED BY			
Signature	/s/Michael A. Proksch/Reg. No. 43,021/	Registration No. (Attorney/Agent) 43,021	Telephone 503-264-3059
Name (Print/Type)	Michael A. Proksch		Date March 16, 2006

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